

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		2				
6		2				
7		2				
8		1				
9		1				
10		1				
11		1				
12		1				
13		2				
14		2				
15		2				
16		2				
17	1					
18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		2				
25		2				
26		1				
27		1				
28	1					
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47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.		36				
TOTAL CLAIMS		39				

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						